PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and or indicated unless correspondence address and or indicated unles

untenance fee notifications.	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany

33308 7590 11/24/2009

LOWE HAUPTMAN HAM & BERNER, LLP 1700 DIAGONAL ROAD, SUITE 300

ALEXANDRIA, VA 22314

papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/539,622	06/17/2005	Bruno Le Breton	4590-425	4601

TITLE OF INVENTION: METHOD OF MODULATION AND DEMODULATION OF A DIGITAL SIGNAL, IN PARTICULAR IN A FREQUENCY BAND AFFECTED BY FLAT FADING. ASSOCIATED MODULATOR AND DEMODULATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/24/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
PATEL, D	HAVAL V	2611	375-260000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR I.563). Change of correspondence address (or Change of Correspondence Address form FTOSM 212) attached. "Fee Address" indication of "Fee Address" Indication form FTOSM 47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printing.		era 2Ham & B	1Lowe Hauptman 2Ham & Berner, LLP 3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) THALES FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 📮 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

X Issue Fee A check is enclosed.

Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.7 = 1337 (enclose an extra copy of this form). Advance Order - # of Copies

5. Change in Entity Status (from status indicated above)

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Tenneth My Berner Date February 24, 2010 Authorized Signature ____ Registration No. 37,093 Kenneth M. Berner

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 manates to complete, including gathering, preparing, and within 50 cm and/or suggestion. For excluding gathering, preparing, and within 50 cm and/or suggestion. For excluding this burden, should be sent to the chief Information Officer, U.S. Paters and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 2231-450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name